

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

08

Case No.

2026

LEMORENO

UNITED STATES JUDGE
SIMONTON

18 U.S.C. § 1347

18 U.S.C. § 2

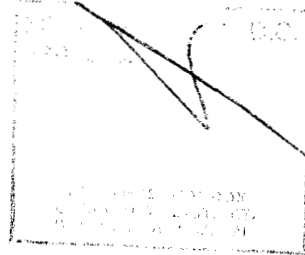
18 U.S.C. § 982

UNITED STATES OF AMERICA

vs.

JULIO A. PEREZ RAMOS,

Defendant.



INDICTMENT

The Grand Jury charges that:

GENERAL ALLEGATIONS

At all times relevant to this Indictment:

The Medicare Program

1. The Medicare Program ("Medicare") is a federally funded program that provides free or below-cost health care benefits to certain individuals, primarily the elderly, blind, and disabled. The benefits available under Medicare are governed by federal statutes and regulations. The United States Department of Health and Human Services ("HHS"), through its agency, the Centers for Medicare and Medicaid Services ("CMS"), oversees and administers Medicare. Individuals who receive benefits under Medicare are commonly referred to as Medicare "beneficiaries."

2. Medicare is a "health care benefit program," as defined by Title 18, United States Code, Section 24(b).

3. Part B of the Medicare Program paid for a portion of the cost of certain necessary medical services and medications that were provided and ordered by physicians, clinics, and other qualified health care providers. Medicare Part B was administered in Florida by First Coast Service Options, a company that contracted with CMS to receive, adjudicate, process, and pay Medicare Part B claims.

4. Physicians, clinics, and other health care providers that provide services to Medicare beneficiaries were able to apply for and obtain a "provider number." A health care provider who has been issued a Medicare provider number is able to file claims with Medicare to obtain reimbursement for services provided to beneficiaries. A Medicare claim was required to set forth, among other things, the beneficiary's name and Medicare identification number of the physician or other health care professional who had ordered the services.

Medicare Billing and Payment Procedures

5. A Part B provider that sought to participate in Medicare Part B and bill Medicare for the cost of clinical related benefits, items, and services, was required to apply for and receive a provider number. The provider number allowed a Part B provider to submit bills, known as "claims," to Medicare to obtain reimbursement for the cost of outpatient related health care benefits, items, and services that a clinic supplied or provided to beneficiaries.

6. To receive payment from Medicare, a clinic, using its provider number, would submit a health insurance claim form, known as a CMS-1500. Medicare permitted clinics to submit a CMS-1500 electronically or by way of a paper claim form. Each claim form required certain important information, including: (a) the Medicare beneficiary's name and identification number; (b) the identification number of the doctor or other qualified health care provider who ordered the health

care benefit, item, or service that was the subject of the claim; (c) the health care benefit, item, or service that was provided or supplied to the beneficiary; (d) the billing codes for the benefit, item, or service; and (e) the date upon which the benefit, item, or service was provided or supplied to the beneficiary.

7. Medicare, through First Coast Service Options, generally would pay a substantial portion of the cost of the clinical related health care benefits, items, and services that were medically necessary and ordered by licensed doctors or other qualified health care providers.

8. Payments under Medicare Part B were often made directly to the clinic rather than to the patient/beneficiary. For this to occur, the beneficiary would assign the right of payment to the Part B provider or other health care providers. Once such an assignment took place, the clinic would assume the responsibility for submitting claims to, and receiving payments from, Medicare.

9. Infusion clinics provide injection treatments, *i.e.*, treatments involving the insertion of a syringe into the patient's arm, and intravenous infusion treatments, *i.e.*, treatments involving the insertion of a needle into a patient's vein, in order to administer specialized medications typically prescribed for patients with HIV/AIDS.

The Cleveland Clinic

10. The Cleveland Clinic was a medical clinic with locations in Weston and Naples, Florida, and elsewhere. As such, the Cleveland Clinic was a health care provider. On or about May 1, 2006, Health Management Associates ("HMA") purchased the Cleveland Clinic in Naples, Florida, and continued to run the location as a medical clinic. HMA was a health care provider.

11. A Cleveland Clinic employee who was a front desk office coordinator at the Cleveland Clinic in Weston, Florida, fraudulently obtained Medicare information and other

identifying information pertaining to 1500 Medicare patients of HMA (the former Cleveland Clinic in Naples, Florida). The former Cleveland Clinic employee received \$5 to \$10 for each patient's Medicare number and other identifying information. The fraudulently obtained Medicare numbers and other identifying information were utilized by numerous medical providers in the Southern District of Florida, including in Miami Dade-County, to fraudulently bill Medicare for medical services not rendered and medical equipment not supplied.

Benefica Rehabilitation Center, Inc.

12. BENEFICA REHABILITATION CENTER, INC., (BENEFICA) was a Florida corporation, incorporated on or about May 24, 2005, that purportedly did business in Miami-Dade County. BENEFICA was an infusion clinic purportedly providing medical services and care to Medicare beneficiaries. BENEFICA was originally located at 7235 Coral Way, Suite 208, Miami, Florida 33155 and later moved to 8900 Coral Way, Suite 200, Miami, Florida 33165.

13. Defendant **JULIO A. PEREZ RAMOS**, was the owner of record of BENEFICA beginning on or about May 11, 2006 and continuing through in or around October 2006. **PEREZ RAMOS** opened up and maintained corporate bank accounts for BENEFICA at Colonial Bank and Ocean Bank.

14. On or about December 9, 2005, BENEFICA obtained Medicare Services Provider Number K9041, authorizing the clinic to submit reimbursement claims to Medicare for medical services and benefits provided. BENEFICA submitted claims to Medicare using the Medicare numbers and other identifying information fraudulently obtained from HMA (the former Cleveland Clinic in Naples, Florida), resulting in BENEFICA submitting claims to Medicare in the amount of \$538,416.76. As a result of those claims, Medicare paid BENEFICA \$205,083.31.

COUNTS 1-10
Health Care Fraud
(18 U.S.C. §§ 1347 and 2)

1. Paragraphs 1 through 14 of the General Allegations section of this Indictment are realleged and incorporated by reference as though fully set forth herein.

2. From in or around May 2006, and continuing through in or around October 2006, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

JULIO A. PEREZ RAMOS,

in connection with the delivery of and payment for health care benefits and services, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud Medicare, a health care benefit program affecting commerce, as defined by Title 18, United States Code, Section 24(b), and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, Medicare, that is, the defendant, through BENEFICA, submitted false and fraudulent claims to Medicare, seeking reimbursement for the cost of various medical services.

Purpose of the Scheme and Artifice

3. It was the purpose of the scheme and artifice for the defendant to unlawfully enrich himself and others by, among other things: (a) fraudulently obtaining Medicare patient information; (b) submitting or causing the submission of false and fraudulent claims to Medicare; (c) concealing the submission of false and fraudulent Medicare claims; and (d) diverting fraud proceeds for the personal use and benefit of himself and others.

Manner and Means of the Scheme and Artifice

The manner and means by which the defendant sought to accomplish the purpose of the scheme and artifice included, among others, the following:

4. **JULIO A. RAMOS** fraudulently obtained the names, the Medicare numbers and other patient identifying information of Medicare beneficiaries who were patients of HMA (the former Cleveland Clinic in Naples, Florida).

5. **JULIO A. PEREZ RAMOS** submitted and caused to be submitted by **BENEFICA**, using the fraudulently obtained patient information, claims to Medicare for injection treatments and intravenous infusion treatments and services, such claims falsely and fraudulently representing that these treatments and services were medically necessary and had been provided to the Medicare beneficiaries.

6. As a result of the submission of such false and fraudulent claims, **JULIO A. PEREZ RAMOS** caused Medicare to make payments to **BENEFICA** that were deposited into **BENEFICA**'s corporate bank accounts.

7. **JULIO A. PEREZ RAMOS** transferred and disbursed, and caused the transfer and disbursement of, monies from **BENEFICA**'s corporate bank accounts to himself and others.

Acts in Execution or Attempted Execution of the Scheme and Artifice

8. On or about the dates set forth as to each count below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, **JULIO A. PEREZ RAMOS**, in connection with the delivery of and payment for health care benefits and services, did knowingly and willfully execute, and attempt to execute, the above-described scheme and artifice to defraud a health care benefit program affecting commerce, that is Medicare, and to obtain, by means of materially false and

fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of said health care benefit program:

Count	Medicare Beneficiary	Approx. Date of Service	Approx. Date of Submission of Claim	Medicare Claim Number	Item Claimed; Approx. Amount Claimed
1	C.H.	7/10/06	9/18/06	110626130100	Lumbar Injection (64476); \$250
2	E.L.	7/10/06	8/25/06	10066237369580	Breath Hydrogen Test (91065); \$641
3	R.N.	7/10/06	8/25/06	1006237369220	Echocardiography (93325); \$132
4	E.P.	7/10/06	8/25/06	1006237370020	Breath Hydrogen Test (91065); \$641
5	R.W.	7/10/06	8/25/06	1006237370250	Lumbar Injection (64476); \$250
6	P.J.	7/14/06	8/25/06	1006237370340	Lumbar Injection (64475); \$450
7	B.A.	7/14/06	9/7/06	1006250519940	Vestibular Function Test (92546); \$201
8	A.C.	7/17/06	9/12/06	1006255356100	Extremity Venous Study (93965); \$250
9	D.E.	7/20/06	9/18/06	1106261031000	Vestibular Function Test (92547); \$339
10	T.P.	7/20/06	9/18/06	1106261031800	Pulmonary Stress Test (94621); \$137

In violation of Title 18, United States Code, Sections 1347 and 2.

FORFEITURE
(18 U.S.C. § 982)

1. The allegations contained in Counts 1-10 of this Indictment are realleged and incorporated by reference as though fully set forth herein for the purpose of alleging forfeiture to the United States of America of certain property in which the defendant, **JULIO A. PEREZ RAMOS**, has an interest pursuant to the provisions of Title 18, United States Code, Section 982(a)(1) and 982(a)(7).

2. Pursuant to Title 18, United States Code, Section 982(a)(7) and 982(a)(1), upon conviction of **JULIO A. PEREZ RAMOS** for any of the offenses charged in this Indictment, the defendant shall forfeit to the United States any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense or any property real or personal which was involved in the offense or any property traceable to such property. Such forfeiture shall include, but not be limited to a money judgment in the amount of \$205,083.31, which represents the gross proceeds of the fraud.

3. If the property described above as being subject to forfeiture, as a result of any act or omission of **JULIO A. PEREZ RAMOS**,


- (a) cannot be located upon the exercise of due diligence;
- (b) has been transferred or sold to or deposited with a third person;
- (c) has been placed beyond the jurisdiction of the Court;
- (d) has been substantially diminished in value; or
- (e) has been commingled with other property which cannot be subdivided without difficulty;

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), as made applicable through Title 18, United States Code, Section 982(b)(1), to seek forfeiture of any other property of **JULIO A. PEREZ RAMOS** up to the value of the above forfeitable property.

All pursuant to Title 18, United States Code, Sections 982(a)(1) and (a)(7) and the procedures set forth at Title 21, United States Code, Section 853, as made applicable through Title 18, United States Code, Section 982(b)(1).

A TRUE BILL

FOREPERSON



R. ALEXANDER ACOSTA
UNITED STATES ATTORNEY



LUIS M. PEREZ
ASSISTANT U.S. ATTORNEY